

Administrator Mentoring Program (AMP)

Registration for Principals, Assistants, Career Education Directors, Special Education Directors

2011-2012

| First Name Last Name Position | |
|-------------------------------------------------------------------------------------------------------------------------|--|
| School District School Building/Name | |
| School Address City/Zip | |
| School Phone School Fax School Level | |
| School E-Mail Gender | |
| Home Address City/Zip | |
| Home E-Mail Home Telephone | |
| Highest Degree Earned Institution | |
| Regional Professional Development Center School State ID | |
| Type of Administrator Certificate Expiration Date | |
| For Billing Purposes | |
| Superintendent's Signature: | |
| Superintendent's Name District Name | |
| Billing Address City/Zip | |
| Jpon the receipt of this registration form, the name(s) of potential mentors from your region will be forwarded for the | |

Upon the receipt of this registration form, the name(s) of potential mentors from your region will be forwarded for the superintendent's consideration as a mentor for the new school leader. We request superintendent approval of the mentor before other contacts are made. The selected mentor will then make contact with the new school leader to initiate the mentoring process. The cost of this two year program is \$350 per year.

Return Form to or For Questions Contact:

Paul Katnik (573) 751-2990 paul.katnik@dese.mo.gov

Leadership Academy PO Box 480 Jefferson City MO 65102 Fax: (573) 522-6526 Heather Northway (573) 751-7986 heather.northway@dese.mo.gov

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